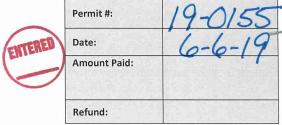
SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEM. INT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





| Checks are made pay | | | | | JED TO APP | LICANT. | | | FILL OUT | IN INK (NO PE | NCIL) | | |
|---|--|--|--|--|--|--|---|---------------------------------------|--|--|---|--|--|
| TYPE OF PERMIT R | REQUEST | ED- | ☐ LAND | USE 🗆 | SANITAR | Y D PRIVY | CONDIT | IONAL L | JSE SPECIAL I | JSE 🗆 B.O. | A. 🗆 O | THER | |
| Owner's Name: | 11 | | | | Maili | ng Address: | | City/Sta | ate/Zip: | | Telephone | | |
| camilla | A. (| Lehr | 7 - 1 - 1 - 1 | | 31. | 35 Sandy t | tookonv | eR | oseville, H | 11 33113 | 6514 | 1844176 | |
| Address of Property: | | | | | City/S | State/Zip: | | | | | Cell Phone | e: | |
| Address of Property: 14830 State Hwy 13 City/State/Zip: Herbster, W1 54844 City/State/Zip: 61261962 | | | | | | | | | | | 619 6232 | | |
| Contractor: 7 Contractor Phone: Plumber: 7 Plumber Phone: | | | | | | | | | | | | | |
| Contractor Figure 2 | | | | | | | | | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization | | | | | | | | | | | Authorization | | |
| Attached | | | | | | | | | | | □ No | | |
| PROJECT | Tax ID# Recorded Document: (Showing Own | | | | | | | | | | | wing Ownership) | |
| LOCATION | Legal | Descript | ion: (Use Ta | x Statement) | | 12232 | - | | | 201.8K | J-5 | 72277 | |
| | | | Gov't Lot | Lot(s) | CSM | Vol & Page CS | SM Doc# | Lot(s) N | lo. Block(s) No. | Subdivision: | | | |
| 1/4, | 1 | ./4 | | | | | | 6 | 5 | Plat of | Orchar | d City | |
| 200 | | | | ^7 | | Town of: | | | | Lot Size | Acreag | ge | |
| Section05 | , Tow | nship <u> </u> | N, Ra | nge O | _ w | clove | | | | 49.11 X | | le | |
| | 1 | | <i>(</i> , , , , , , , , , , , , , , , , , , , | 2025 . 5 | n: 6: | - 100 (100) No. 10 T. 100 1100 110 | D:-1 | · C+ · · · · | | (50 × 140 |) ' | | |
| | | | Land Within Iward side o | | 1.00 | eam (incl. Intermittent) | | e Structu | are is from Shoreline f | IS Pro | perty in ain Zone? | Are Wetlands | |
| ☐ Shoreland → | I | | | • | | nd or Flowage | | o Structu | ure is from Shoreline | Floodpi | Yes | Present? Ves | |
| | □ 15 F | Toperty | Lanu Witiiii | 1000 leet 0 | | rescontinue> | | e structu | | | No | □ No | |
| X Non-Shoreland | | | | = | | | | | | | | | |
| Non-Shoreland | | | | | | | | | | | | | |
| Value at Time | | -,- | | | | | # o | f | | | | Type of | |
| of Completion | | | | | | | bedroo | | | at Type of | | Water | |
| * include donated time & | | Proje | ct | # of St | ories | Foundation | in | | | anitary Syste he property? | | on | |
| material | | | | | | | struct | ure | is on t | ne property: | | property | |
| | Nev | v Const | ruction | ☐ 1-Stor | У | ☐ Basement | X 1 |) | Municipal/City | | | ☐ City | |
| ے | _ Ado | lition/A | lteration | X 1-Stor | y + Loft | X Foundation | □ 2 | 1 | (New) Sanitary | Specify Type: | | XWell | |
| 80 000 | ☐ Cor | versior | 1 | ☐ 2-Stor | У | | _ 3 | | Sanitary (Exists | | | | |
| (Actimate) | | | xisting bldg) | | | | | | | | ☐ Vaulted (min 200 gallon) | | |
| (CSTIMOTC) Run a Business on | | | | | | | | | | | | | |
| 2 | | | ness on | | | Use | ☐ No | ne [| Portable (w/serv | | | | |
| | | perty | ness on | | | X Year Round | 1, | ne [| Compost Toilet | | | | |
| | Pro | | ness on | | | 211 | 1, | ne [| | | | | |
| Existing Structur | | perty | | r is relevant | to it) | Year Round | 1, |] | Compost Toilet | | eight: | | |
| Existing Structur Proposed Constr | e: (if pe | perty | | r is relevant | to it) | Year Round | 1, | , (C | Compost Toilet None | н | eight: eight: <i>J</i> | 24? | |
| | e: (if pe | perty | | r is relevant | to it) | Year Round | 1, | , (C | Compost Toilet None | Н | eight: J | Square | |
| | e: (if pe | perty | | r is relevant | to it) | Year Round | | , C | Compost Toilet None | н | eight: J | Square Footage | |
| Proposed Constr | e: (if pe | perty | ng applied fo | | | Year Rounce Length: Length: 30 | ture | , C | Compost Toilet None | Н | eight: J | Square Footage | |
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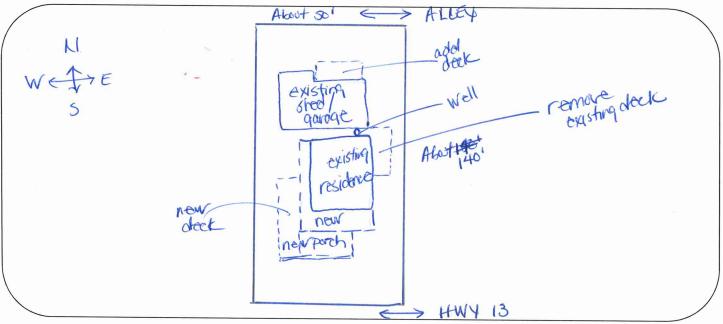
Rosenille

HN 55113

Attach Copy of Tax Statement

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 3135 Sandy Hook Drive



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | | Description | Measurement |
|---|-------------|-----|--|-------------|
| | 40413 | | | |
| Setback from the Centerline of Platted Road | | eet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Fe | eet | Setback from the River, Stream, Creek | Feet |
| | | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | > 18 F | eet | | , |
| Setback from the South Lot Line | 735 F | eet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 7/0 Fe | eet | 20% Slope Area on the property | ☐ Yes ☐ No |
| Setback from the East Lot Line | > & Fe | eet | Elevation of Floodplain | Feet |
| | | | l l | 1660 |
| Setback to Septic Tank or Holding Tank | Fe | eet | Setback to Well | Feet |
| Setback to Drain Field | Fe | et | 72.13.461/10 172.11 | reet |
| Setback to Privy (Portable, Composting) | Fe | et | oundary line from which the setback must be measured must be visible from one. | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| Issuance Information (County Use Only) Permit Denied (Date): | Sanitary Number: Reason for Denial: | Unicipal | # of bedrooms: | Sanitary Date: | |
|--|---|--|---|--|------------|
| Permit #: 19-0155 | Permit Date: (0-1 | 6-19 | | | |
| Is Parcel a Sub-Standard Lot ts Parcel in Common Ownership Is Structure Non-Conforming Yes (Fused/Contiguents Structure (6.0.A.) | (uous Lot(s)) No | Mitigation Required Mitigation Attached | ☐ Yes ☐ No ☐ Yes ☐ No | Affidavit Required Affidavit Attached | |
| | | Previously Granted by V | Case | #: | |
| | | | Represented by Owner Vas Property Surveyed | Yes | □ No |
| Line I ver for use only Bo Discollaspection: 5/1/19 | | | | Zoning District Lakes Classification | 1 () |
| ondition(s): Town, Committee or Board Conditions Attac | Inspected by: 100 hed? Yes No - (If I | d Norwood to they need to be attac | hed.) | Date of Re-Inspect | tion: |
| | See 30 | A Case | 19-05 B | for Laro | I use |
| ure of Inspector: | | | | | |
| or Sanitary: Hold For TBA: | Hold For Affile | | | Date of Approva | al: 4/4/19 |
| | Hold For Affidav | t: 🗆 Ho | d For Fees: 🗌 | | *** |

City, Village, State or Federal May Also Be Required

SANITARY - Required (if applicable w/land use)

SIGN
SPECIAL - X (4/18/2019)

CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

| No. | 19 | -015 | 5 | | Issu | ed To: C | Camil | la Lehr | | | | | | | 9. | |
|-----------|----|------|----|-----|------|----------|-------|----------|------|--------|--------|------|-------|----------|--------|--|
| Location: | - | 1/4 | of | _ | 1/4 | Section | 5 | Township | 50 | N. | Range | 7 | W. | Town of | Clover | |
| Gov't Lot | | | | Lot | 6 | E | Block | 2 | Subd | ivisio | n Plat | of C | Orcha | ard City | CSM# | |

For: Residence in commercial zone, consisting of a 1-Story + Loft Residence (30'x22'); Loft (14'x22); Porch (15'x 8') & Deck (16'x8') at a height of 24'

The Planning and Zoning Department does not authorize the beginning of any construction or land use; you must first obtain land use application(s)/permit(s) from the Planning and Zoning Department. You (the property owner) shall fulfill the conditions placed by the Planning and Zoning Committee and/or Dept; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s):

NOTE

Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 6, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138



APPLICATION FOR PERMIT

| Permit #: | 19-0150 |
|--------------|-------------|
| Date: | 6-6-19 |
| Amount Paid: | \$10 5-6-19 |
| Refund: | (- 13) |

| Checks are made pay | | | , | HAVE BEEN ISSUED TO | Bayfield Co. Zonir | g Dept. | FILL OU | IT IN INK (| NO PEN | NCIL) | |
|---|---|-----------------------------------|---|---|---|--|--|--|---|--|---|
| TYPE OF PERMIT F | REQUEST | ΓED → | N LANE | OUSE SANIT | ARY PRIVY | □ CONDITIONA | AL USE SPECIAL | USE 🗆 | B.O.A. | | THER |
| Owner's Name: | | | | | lailing Address: | | /State/Zip: | | Te | elephon | |
| Cami | lla | Le | W | <u>.</u> | 1135 Sandy | Hooker R | Loreville, MI | J 5511. | 3 (| 051 | 4844174 |
| Address of Property | | | | | ity/State/Zip: | | · · · · · · · · · · · · · · · · · · · | | | ell Phon | |
| | | 10 1 | timos . | | | 1.11 -110 | odd | | 1 3 3 3 3 | | 0196232 |
| 14830 State Hiway 13 Harbster W1 54844 | | | | | | | | | 4 | 612 (| 0110253 |
| Contractor: Contractor Phone: Plumber: | | | | | | | | | | lumber | Phone: |
| Authorized Agents (| Andread Anna Control of the Control | | | | | | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached | | | | | | | | | | | |
| | | | | | | | | | | Yes | □ No |
| PROJECT | Logal | Doccrin | tion: (Use T | ax Statement) | (ax ID# | | | | | | wing Ownership) |
| LOCATION | Legar | Descrip | tion. (ose i | ax Statement) | 1000 | | | 201 | 8 6 | - 5 | 72277 |
| | | | Gov't Lot | Lot(s) CS | VI Vol & Page | CSM Doc# Lot(| s) No. Block(s) No. | Subdivisi | ^ | let . | |
| 1/4, | | 1/4 | | | | | 6 2 | Plot | of | Orch | and Coty |
| | - | | 0 | ^7 | Town of: | | | Lot Size | | Acreag | |
| Section | , Tow | nship _ | N, R | ange 🔼 W | Co | ver | | 49.71 3 | 96 | | 16 |
| | | , | | | | | | | 011 | | |
| | | | | | Stream (incl. Intermitten | | acture is from Shorelin | _ | s Propert | ty in | Are Wetlands |
| XShoreland - | 4 | | | of Floodplain? | If yescontinue — | | | feet Flo | odplain | | Present? |
| | JIS F | roperty | /Land withir | 1000 feet of Lake, | | | ucture is from Shorelin | | □ Yes | | Yes |
| | | | | | If yescontinue — | - 4 | 06 | feet | XNo |) | XNo |
| Non-Shoreland | | | | | | | | | | | |
| Value of Time | | | | | milit grandering street | | The Test County Course | | 1.1.25 | Your Mary Control | |
| Value at Time of Completion | | | | | | Total # of | W | hat Type o | of. | | Type of |
| * include | TO THE PARTY OF | Proje | ct | # of Stories | Foundation | bedrooms | | Sanitary S | | | Water |
| donated time & | | | | | | | in Is on t | | | | on |
| material | | | | | Halie State Control | structure | structure | | | | property |
| | ☐ Nev | v Const | ruction | 1-Story | ☐ Basement | □ 1 | Municipal/City | | ☐ City | | |
| \$ | Add | lition/ | Alteration | ☐ 1-Story + Lot | ft X Foundatio | n 🗆 2 | (New) Sanitary | Specify Ty | ype: | | XWell |
| \$ 5,000 | ☐ Con | versio | 1 | ☐ 2-Story | | _ 3 | ☐ Sanitary (Exists | s) Specify T | уре: | | |
| | ☐ Relo | ocate (e | xisting bldg) | | _ | | ☐ Privy (Pit) or | □ Vaulte | d (min 20 | 00 gallo | n) |
| Run a Business on | | | | | | | Portable (w/service contract) | | | | |
| | ☐ Run | a Busi | ness on | | Use | None | ☐ Portable (w/ser | vice contra | ct) | | |
| | | a Busi perty | ness on | | ☐ Year Roun | | ☐ Compost Toile | t | | | |
| | | | ness on | | | d | □ Compost Toile | t | | hre | |
| Fristing Structur | Pro _l | perty | | ric relevant to it) | ☐ Year Roun | | Ompost Toiler | t | stroc | | Sal |
| Existing Structure Proposed Constr | Prop | perty | | r is relevant to it) | ☐ Year Roun ☐ ★ MW C | d | Owebapp | t | Heigh | ht: | 5.01 |
| Existing Structur Proposed Constr | Prop | perty | | r is relevant to it) | ☐ Year Roun | d | Ompost Toiler | t | stroc | ht: | 5.01 |
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

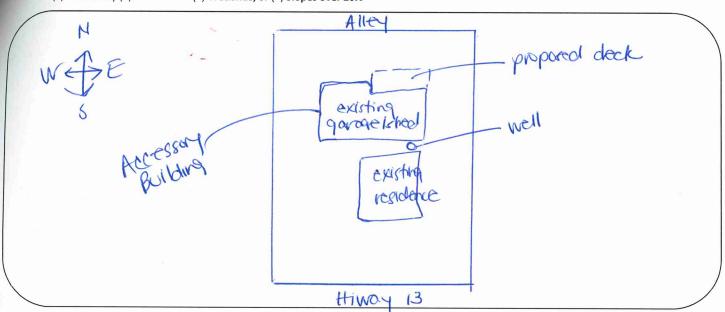
Address to send permit _

Attach Copy of Tax Statement

low: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- Show Location of: Show / Indicate:
- **Proposed Construction**
- (3) Show Location of (*):
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property
- (4) Show: Show:
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): Show any (*):
- (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | | | Description | Measurement | | |
|--|---------------|------|--|---|---------------|--|--|
| Setback from the Centerline of Platted Road | 81 | Feet | | Setback from the Lake (ordinary high-water mark) | M/A Feet | | |
| Setback from the Established Right-of-Way | | Feet | | Setback from the River, Stream, Creek | N/A Feet | | |
| | | | | Setback from the Bank or Bluff | N/A Feet | | |
| Setback from the North Lot Line (- | from deck) 12 | Feet | | | | | |
| Setback from the South Lot Line | 55 | Feet | | Setback from Wetland | N/A Feet | | |
| Setback from the West Lot Line | from evel 9 | Feet | | 20% Slope Area on the property | ☐ Yes XNo | | |
| Setback from the East Lot Line | fromevel 7 | Feet | | Elevation of Floodplain | N/A Feet | | |
| Setback to Septic Tank or Holding Tank | N/A | Feet | | Setback to Well | exactive Feet | | |
| Setback to Drain Field | NA | Feet | | | | | |
| Setback to Privy (Portable, Composting) | NIA | Feet | | | | | |

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| Issuance Information (County Use Only) | Sanitary Number: | Municipal | Sanitary Date: | | | |
|--|--|--|--|--|--|--|
| Permit Denied (Date): | Reason for Denial: | | | | | |
| Permit #: 19-0150 | Permit Date: 6-6 | 6-19 | | | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco Yes Ye | uous Lot(s)) 📝 No | Mitigation Required Mitigation Attached | ☐ Yes ♣ No ☐ Yes ☐ No | Affidavit Required | | |
| Granted by Variance (B.O.A.) Yes □ No Case #: 19 - 0 5 8 | 3 | Previously Granted by Ves Vo | y Variance (B.O.A.) Case | · #: | | |
| Was Parcel Legally Created Was Proposed Building Site Delineated Wes No | | Were Property Line | es Represented by Owner Was Property Surveyed | Yes No | | |
| class B approved for residence in Con on a sobstandard lot less than | with proposed a nucleial and Bo n 7500 soft in | lack addition of approval for | · Property has improvement | Zoning District (C) Lakes Classification (1 - Superior) | | |
| Date of Inspection: 5/1/19 | Inspected by: | dd Norwood | | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Atta | iched? 🗆 Yes 🗆 No – (If | No they need to be atta | iched.) | | | |
| Must meet and Mi. | itain Set ba | cks. | | | | |
| | | | | | | |
| | D | | | | | |
| Signature of Inspector: Toll Norwoo | d | | | Date of Approval: 4/6/19 | | |
| Hold For Sanitary: 🗆 Hold For TBA: 🗆 _ | Hold For Affic | davit: 🗌 | Hold For Fees: | | | |

wn, City, Village, State or Federal ermits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL - X (4/18/2019)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Camilla Lehr 19-0156 Issued To: No. Clover Section 5 Township **50** N. Range **7** W. Town of Location: $\frac{1}{4}$ of -1/4 Subdivision Plat of Orchard City CSM# Gov't Lot 6 Block Lot

For: Residential Accessory Structure Addition / Alteration: [1 – Story; Deck (14' x 8') = 112 sq. ft.]

Condition(s): Must meet and maintain setbacks.

NOTE: Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or

property to which the permit pertained shall conform to Ordinance.

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Todd Norwood

Authorized Issuing Official

June 6, 2019

Date